First Week Visit Form		
Date of Site Visit:	Monitor Arrival Time:	Departure Time:
Site Name: Site		te Address:
Discussion with site staff (li	st names):	
Δ	reas of Discussion	Notes and Observations
Has the site supervisor attended a training session?		Notes and Observations
Are meals being counted and signed for?		
Are all required records being completed?		
Are meals served as second meals excessive?		
Do meals meet meal pattern requirements?		
Is there proper sanitation/storage?		
Is the site supervisor follow order adjustments?	ring procedures established to make meal	
Are meals served within appropriate time frames?		
Are all meals served and co	nsumed onsite?	
Is each meal served as a un	it?	
Are there any problems wit	:h delivery?	
Is there documentation of children's income eligibility, if applicable?		
Is there a nondiscrimination display in a prominent place	n poster, provided by the sponsor, on e?	
List any problems that were eliminate problems:	e noted during the visit, and any corrective ac	ctions that were initiated to
Site Supervisor's Signature Monitor's Signature		